



## Inspection Report on

**Pride in Care Ltd**

**Pride In Care  
Unit 7**

**Woodfieldside Business Park Penmaen Road  
Blackwood  
NP12 2DG**

## **Date Inspection Completed**

08/11/2022

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## About Pride in Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	pride in care ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">15 March 2022</a>
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service.

### Summary

Pride in Care provide care and support to people in their own homes in the Caerphilly and Blaenau Gwent areas. Our last inspection identified some priority action areas, some of which have not been achieved within the agreed timescales. We have identified further priority action areas at this inspection which are evidenced in the main body of this report.

The provider has experienced significant difficulty in recruiting and maintaining sufficient staff, both to provide care and support to people and for organisational and management roles. The Responsible Individual (RI) took over the role of manager as well as their existing responsibilities when the previous manager left in August this year. The RI has not provided adequate evidence to assure us they have sufficient oversight of the management of the service.

People receiving care and support do not always receive this when planned and some calls are missed completely. We received some very mixed feedback from people about how happy they are with the service. Some told us they have lost faith completely, whilst others were very complimentary about individual care workers.

People's care and support needs are documented clearly in their personal plans but records of this being delivered when planned are not consistently kept. The provider has experienced some significant unforeseen IT issues which has contributed to the deficits in record keeping. People are not always supported to take their medication as planned and matters which must be reported to the regulator are not always done so.

## Well-being

People generally speak positively about care staff and most reported feeling safe and supported when they are with the carers. People told us that *“the girls who do the caring are lovely”* and *“All the carers are excellent, can’t fault them.”* However, there is not a safe staffing level within the service. We found poor reliability and continuity of care and people told us *“I never know who’s coming from one day to the next”* and *“I can’t trust Pride in Care to come when they are supposed to or to turn up at all”*. This has an impact on people’s physical and emotional wellbeing and people cannot be confident that the standard of care and support is provided in a way which protects, promotes, and maintains their safety and health.

There are some policies and procedures in place to support staff to achieve the aims of the service and support people to achieve their personal outcomes; however, we found them to need updating and to be embedded into practice. Medication is not always administered as prescribed which can compromise people’s health and wellbeing, and mistakes are not always identified quickly. We found that oversight in the management and auditing of medicines and care delivery is not adequate to safeguard people from the risk of harm.

Not all calls are planned with sufficient travel time in between and due to this care provision may be provided for a shorter than planned time, which may impact on people’s outcomes. There is not a clear cycle of quality assurance and review to be able to provide assurance that the service is supporting people appropriately and that their personal outcomes are being met.

There is a management team in place which includes the Responsible Individual acting as the manager. Apart from the RI, all staff within the team are new to the role. We found that not all staff recruitment checks are thoroughly completed, failure to do this may impact on people’s safety.

The safeguarding arrangements in place are not robust enough to ensure people are appropriately protected and this could impact on the safety and wellbeing of people. Staff have told us that they have a good induction which includes training and some shadowing which will positively impact on the quality of direct care provided to people. However, we were unable to find evidence of shadowing in staff files. Staff have also told us that they have seen an improvement over the last three months with this being due to a change in office staff.

## Care and Support

There are inconsistencies with the quality-of-care people receive. Most people we spoke to told us they had problems with care workers not arriving at the planned times and are supported by differing care staff so are not able to get familiar with them. People's feedback was mixed; one family member told us they had lost faith in the provider and found themselves visiting their loved one frequently throughout the day to ensure they were well. Another person, however told us "*I have a regular care worker who is absolutely marvellous, I would be lost without them.*" On considering call records we saw examples of care not being delivered at consistent times, with a number of these showing care being delivered at significantly different times to that on the schedule as well as missed calls. This is having an impact on people's health and wellbeing and placing them at risk, we have therefore issued a priority action notice. The provider must take immediate action to address this issue

Personal Support Plans are of a good quality and were in place for all people we checked. Plans are written in a dignified way and have detailed information about the persons needs and diagnoses as well as how their care and support is to be provided. many of the plans contain good social histories, details of a person's likes and dislikes and what matters to them. This includes the preferred location to eat their meals, a favourite song, or to talk about a loved one. There is reference in the plans to assessments completed by professionals such as a moving and handling assessments completed by an Occupational Therapist.

We identified the provider was not safely managing people's medication at our last inspection. We found inconsistencies again in the medication records that had not been identified or addressed. Reasons recorded for not administering at the prescribed times include 'not given as lunch time call not four hours ago'. Safeguarding referrals have been made for a number of missed medications and one occasion of a double dose given in error. This is still having an impact on people's health and wellbeing and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

At our last inspection we found the provider was not keeping and maintaining accurate records, as required. At this inspection, we found this issue had not been rectified. No policy was made available when requested for the management of daily notes. We saw gaps in records, including care notes and medication records. This is still having an impact on people's health and wellbeing and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

## Leadership and Management

The service has been significantly impacted by staff recruitment and retention difficulties, which is a sector wide challenge at this time. The RI took over the role of manager in addition to their existing responsibilities when the manager left in August this year. The RI/manager has a 'hands on' approach to the running of the service. The service has recently appointed new care coordinators to support the smooth running of the service.

The provider has not been able to deliver care and support to people at the times planned, with some calls missed and others significantly late. The provider attempts to give care staff sufficient time to travel between calls, but this is not always achieved. This leads to occasions where care staff use peoples support time to travel between calls. This is having an impact on people's health and wellbeing and placing them at risk, we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The provider has not notified the regulator of required events, including when staff shortages have led to people missing calls, matters being referred to Safeguarding to ensure peoples safety and allegations of misconduct by care staff. This is having an impact on people's health and wellbeing and placing them at risk, we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

At the last inspection, we identified pre-employment checks for staff were not satisfactorily evidenced. We reviewed this and found the required improvements have not yet been made, we will consider this further at our next inspection.

We found the RI reports were not completed as frequently as required and did not contain sufficient evidence to satisfy us there is effective supervision of the management of the service. The reports lack detail in the analysis of key areas, such as complaints, safeguarding matters, and incidents and what lessons can be learned to improve the service. This is having an impact on people's health and wellbeing and placing them at risk, we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The provider has not ensured the service is provided with sufficient care, competence, and skill, with regard to the statement of purpose. This is having an impact on people's health and wellbeing and placing them at risk, we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
21	Peoples care and support needs are not consistently being met, people are receiving poor outcomes as a result	New
22	The provision of care and support is not consistently provided in terms of the times of calls and the care staff provided	New
41	Sufficient travel times is not always allocated between care calls.	New
60	Reg 60 notifications are not always submitted when required	New
66	There are not adequate arrangements in place to oversee the management of the service	New

6	The service provider has failed to ensure the service is provided with sufficient care, competence and skill, having regard to the statement of purpose, The inspection has identified that the service provider does not have sufficient oversight of all aspects of the service to ensure best outcomes for people receiving support.	New
58	The service provider has failed to ensure that there are robust arrangements in place for the recording and safe administration of medicines. There is poor oversight of the management of medicines due to lack of auditing.	Not Achieved
59	The service provider failed to keep and maintain some required care records and medication administration records.	Not Achieved
15	Staff are not always provided with sufficient information about the person receiving a service that sets out how best to support the person and mitigate risk.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
20	People should receive a signed service agreement which details their terms and conditions	Reviewed
21	The service is unable to demonstrate that they consistently deliver the service as often staff are not entering on the electronic call system when they provide care and support to people	Reviewed
35	Although most staff recruitment checks were in place we found some gaps people's employment history and a few references outstanding	Reviewed



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